

# Pelham Lake Park



## ROWE SUMMER RECREATION 2023 REGISTRATION FORM

Town of Rowe  
Pelham Lake Park  
85 Pond Road  
Rowe MA 01367  
Ph: 413-339-8573  
Fx: 413-339-5316

Participant's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Is the participant in the summer school program? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what hours? \_\_\_\_\_



### 2023 Program Information



- The program will start July 17th and will be Monday- Thursday from 10:00am to 2:00pm until August 10th.
- The program is available for Rowe residents and school or choice families ages 5-12.
- There is a \$100 fee for each participant who is school of choice.

Is the participant school of choice? Y: \_\_\_\_\_ N: \_\_\_\_\_

\*checks can be made out to Town of Rowe Park Department\*

- Please send the following DAILY: sunscreen, hat, towel, bathing suit, walking shoes, water, lunch, and snacks.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent/ Guardian



# Pelham Lake Park

## MEDICAL INFORMATION & RELEASE FORM

Participant's name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Work telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

If not available in an emergency, notify:

1. \_\_\_\_\_

2. \_\_\_\_\_

Known Allergies:

1. Medications: \_\_\_\_\_

2. Environmental (bees, plants): \_\_\_\_\_

Does child need medication if stung by a bee? \_\_\_\_\_ Does he/ she have epi-pen? \_\_\_\_\_

3. Food Allergies: \_\_\_\_\_

Special Medical Conditions or Concerns: \_\_\_\_\_

Activities not allowed: \_\_\_\_\_

Parent/ Guardian Authorization:

The above information is correct and complete to the best of my knowledge. The person herein described has permission to engage in all park activities except as noted. In the event that I can not be reached in an emergency, I hereby give permission to the Town of Rowe to provide emergency medical care, seek further emergency care as deemed necessary, and arrange necessary related transportation for my child to a local emergency facility. If my child has special medical concerns, I give permission for those concerns to be shared with supervising personnel.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Parent/ Guardian

Reviewed by: \_\_\_\_\_

Medical Reviewer

Date

\_\_\_\_\_  
Recreation Program Director

Date